



Program Year 2016-2017

Community Development Grant Program Application for Funding

Public Services

Organization Information			
Organization Name: _____ <i>Legal Name of Organization</i>			
Address: _____ <i>Street Address</i> <i>Suite #</i>			
_____ <i>City</i>		_____ <i>State</i>	_____ <i>Zip Code</i>
Phone: ()	Email: _____		
Contact Person _____		Title: _____	

	Check if Attached	
1. Non-profit organizations which are submitting applications for City of Dalton CDBG funds must submit one copy of their current IRS 501(c)(3) tax-exempt status certification.	501 (c)(3)	<input type="checkbox"/>
2. Non-profit organizations which are submitting applications for City of Dalton CDBG funds must submit one copy of their current budget and audited financial statement for their most recent fiscal year.	Audited Financial Statement	<input type="checkbox"/>
	Budget	<input type="checkbox"/>
3. All organizations applying for CDBG funding are required to have a DUNS number.	_____	
	<i>Enter Organization DUNS Number Above</i>	
4. All organizations applying for CDBG funding are required to be registered with the System for Award Management (SAM).	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Project Information			
Project Title: _____			
Project Location: _____			
_____ <i>Street Address</i>		_____ <i>City</i>	_____ <i>State</i> <i>ZIP Code</i>
Brief Project Description: _____ <i>(A detailed project description will be attached later as Attachment 1)</i>			
CDBG Funds Requested: \$ _____	Total Project Cost: \$ _____		
Other Funding Sources already secured: \$ _____	Other Funding Sources not yet secured: \$ _____		
Project Priority: _____ of _____		Is project map attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If your organization submitted more than one application, please indicate your funding priority for this application.</i>		<i>If project map is not attached, application may not be considered for funding.</i>	



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Equipment					
5. If the proposed project is seeking City of Dalton CDBG Program Office – Public Service funds to purchase equipment, what type of equipment does your agency propose to purchase (Item a-d):					
a) Recreation Equipment:	\$	Describe in detail, specify quantities and estimated unit prices. Attach justification and identify pages as Item 5A Attachments:			Attached <input type="checkbox"/>
b) Transportation Equipment [Vans, Buses, Etc.]	\$	Describe in detail, specify quantities and estimated unit prices. Attach justification and identify pages as Item 5B Attachments:			Attached <input type="checkbox"/>
c) Health Services Equipment:	\$	Describe in detail, specify quantities and estimated unit prices. Attach justification and identify pages as Item 5C Attachments:			Attached <input type="checkbox"/>
d) Other Equipment	\$	Describe in detail, specify quantities and estimated unit prices. Attach justification and identify pages as Item 5D Attachments:			Attached <input type="checkbox"/>
If your agency is proposing a PUBLIC SERVICE activity which is not listed in Item 5a – 5d, please describe the proposed activity, in detail, describe why the project is needed, and describe the persons who will benefit from the activity, present detailed information on the total cost and CDBG portion of that cost for the activity.					Check if additional pages are attached to describe the activity: <input type="checkbox"/>
Project Schedule					
Project Schedule (Total Months to Complete):		Maximum number of months allowed is 12 months. The contract period for the project, if approved, will begin July 1, 2016 and end not later than June 30, 2017.			
Please attach a projected work plan with an estimated time line of proposed activities along with a two year budget projection for PY 2016.					Check here <input type="checkbox"/> if work plan is attached
Metrics					
Total Number of Persons to benefit:		Total number of low and moderate income persons to benefit:			
Racial/Ethnic breakdown projections by the number of persons					
<input type="checkbox"/>	American Indian/Alaskan	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	Other
If applicable, the number of the following groups of persons who will benefit.					
	Senior Citizens		Adults with disabilities		Abused Spouses
	Female Headed Households		Homeless Persons		Abused/Neglected Children
Performance Measurement Metrics					
Please outline the total number of persons your organization plans on serving by this proposed project for the next five (5) years. These numbers are merely projections, but attempt to be realistic in your assessment.					
2016		2017		2018	
				2019	
				2020	
What performance measurement outcome does your project best exemplify? <i>If all are relevant, please rank from 1 – 3.</i>			What performance measurement objective does your project best exemplify?		
<input type="checkbox"/>	Improving Availability / Accessibility			<input type="checkbox"/>	Suitable Living Environment
<input type="checkbox"/>	Improving Affordability			<input type="checkbox"/>	Decent Housing
<input type="checkbox"/>	Improving Sustainability			<input type="checkbox"/>	Creating Economic Opportunity



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CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [CITY OF DALTON, GEORGIA]

FY2015 Income Limits

*Effective March 6, 2015

Family/Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$11,770	\$16,150	\$25,850
2	\$15,930	\$18,450	\$29,550
3	\$20,090	\$20,750	\$33,250
4	\$23,050	\$23,050	\$36,900
5	\$24,900	\$24,900	\$39,900
6	\$26,750	\$26,750	\$42,850
7	\$28,600	\$28,600	\$45,800
8	\$30,450	\$30,450	\$48,750
9+	Calculate on www.huduser.org	Calculate on www.huduser.org	Calculate on www.huduser.org

*Source: U.S. Department of Housing & Urban Development [HUD]

Medium Income: \$43,600.00

Extremely Low Income = 30% of Median Household Income

Low Income = 50% of Median Household Income

Moderate Income = 50% - 80% of Median Household Income

*MAXIMUM HOUSEHOLD INCOME LIMITS ARE REVISED ANNUALLY BY HUD.

Certification:

The application should be signed by the individual who has been authorized by the Board of Directors. The person who prepares the application **cannot sign** as the Authorized Representative.

I certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c) (3) non-profit organization and an active DUNS#.

Preparer

Authorized Representative

Printed Name

Printed Name

Signature

Signature

Date

Date



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ATTACHMENT 1 Public Services Narrative

Describe your proposed project to include the following:

- Is this a new service or an expansion of an existing one? If so, please articulate how your agency will achieve its goals with City of Dalton CDBG Program:
- A detail description of proposed project with cost estimates, leverage of funds, timeliness of past CDBG expenditures, and any matches from other grants.
- Include a brief description about the applicant applying for CDBG grant and the impact CDBG will have on your agency.

Please include the racial/ethnic composition of persons who will benefit [i.e. White, African-American, Hispanic, etc.] as well as the "Special Needs" category as defined by HUD, if applicable. Those who are considered "Special Needs" are: senior citizens, persons with disabilities, battered persons, homeless persons, and abused/neglected children. This is critical information and failure to provide this data will result in your application being rejected.

SPECIAL NOTE: If your organization is currently providing the service for which funds are being requested in this application, you must statistically document [on Attachment 1] how the service will be expanded. Expansion of the service is a requirement to qualify for CDBG Public Service funds.

Type Here

Copy this page and use as many pages as necessary to fully describe your proposed project.